OHIO DEPARTMENT OF HEALTH

246 North High Street
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Telephone: (614) 466-3543
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BOB TAFT
Governor

J. NICK BAIRD, M.D.
Director of Health

April 19, 2001

Dennis M. Sollenberger, Team Leader
Office of State and Tribal Programs
U.S. Nuclear Regulatory Commission
One White Flint-North
3rd Floor
11555 Rockville Pike
Rockville, Maryland 20852

Dear Mr. Sollenberger:

Please find enclosed Ohio's response to the IMPEP questionnaire prepared in preparation for Ohio's review the week of May 14-18, 2001. I am enclosing the document on a disk for your use. I am also sending it to you electronically as well.

Please give me a call at 614-644-2727 if you have any questions or if I can provide clarifying information regarding our response.

Sincerely,

Roger L. Suppes, Chief
Bureau of Radiation Protection

Cf: Jim Lynch, Regional Agreement State Officer
U.S. Nuclear Regulatory Commission
Region 3

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OSP

STP-006 Template
RIDS Dist.: SP07

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INTEGRATED MATERIALS PERFORMANCE EVALUATION PROGRAM

QUESTIONNAIRE

NAME OF STATE: OHIO

REPORTING PERIOD: August 31, 1999 to March 31, 2001

A. COMMON PERFORMANCE INDICATORS

I. Status of Materials Inspection Program

1. There are no overdue inspections

2. This question is not applicable. - None are overdue.

3. Licensee groups with different inspection frequency.

PROGRAM CODE PRIORITY DIFFERENCES

CATEGORY	REASON FOR PRIORITY CHANGE
02121, 02201	These were changed from 5 years to 3 years to be consistent with the free-standing clinic requirements.
02310	When the rules were adopted, the gamma knife category was included with teletherapy so the frequency is that of teletherapy (3 years) rather than annually as NRC provides. The facilities that have gamma knives in Ohio are either broad scope or medical institution-QMP Required with HDR and the gamma knife is inspected annually.
03122, 03123, 03124, 03220, 11210, 22160	All licenses are issued for 5 years. It is the Department policy to inspect all licensees at least once within the license period so those NRC priorities greater than 5 years have been changed to equal 5 years.
03800	In developing the fee rule the Radiation Advisory Council recommended a three year frequency rather than a five year frequency.

4. Licensees granted reciprocity

Priority		Number of Licenses Granted Reciprocity Permits Each Year	Number of Licenses Inspected Each Year
Service Licensees performing teletherapy and irradiator source installations or changes	8/31/99 – 12/31/99	4	3
	01/01/00 – 12/31/00	5	4
	01/01/01 – 03/31/01	2	1
1	8/31/99 – 12/31/99	6	3
	01/01/00 – 12/31/00	8	5
	01/01/01 – 03/31/01	6	1
2	8/31/99 – 12/31/99	1	0
	01/01/00 – 12/31/00	3	2
	01/01/01 – 03/31/01	3	0
3	8/31/99 – 12/31/99	1	0
	01/01/00 – 12/31/00	4	2
	01/01/01 – 03/31/01	3	1
4	8/31/99 – 12/31/99	0	0
	01/01/00 – 12/31/00	0	0
	01/01/01 – 03/31/01	0	0
All Other	8/31/99 – 12/31/99	14	4
	01/01/00 – 12/31/00	38	16
	01/01/01 – 03/31/01	23	3

5. Field inspections of radiographers during the review period

Eleven radiography licensees were authorized to perform work at temporary jobsites.

Fifteen inspections were performed during the review period.

Eleven of the fifteen inspections had field inspections as part of the overall inspection.

6. This question is not applicable to Ohio.

II Technical Quality of Inspections

7. Changes made to written inspection procedures during the reporting period.

No changes have been made to written inspection procedures during the reporting period.

8. Supervisory Accompaniments

Inspector	Supervisor	Lic. Cat	License Description	Date
Stephens	Light	02220	Mobile Nuclear Medicine Service	09/28/1999
Cosner, D	Light	02121	Medical Institution No QMP	11/18/1999
Cosner, D	Light	02120	Med Inst. QMP REQ	12/08/1999
Stephens	Light	02120	Med Inst QMP REQ	12/29/1999
Talbot	Light	02400	Veterinary Non-Human	01/12/2000
Rogers	Light	02120	Med Inst. QMP REQ	02/16/2000
Rogers	Light	02121	Med Inst. NO QMP	02/17/2000
Dcosner/Hutchison	Light	01129	Source Material Other>`150 Kg.	03/15/2000
Acosner/Hutchison	Light	02110	Broad Scope Medical	04/06/2000
CosnerA, CosnerD, Stephens, Rogers	Light	02300	Teletherapy	06/13/2000
Rogers	Light	02500	Nuclear Pharmacy	06/14/2000
CosnerA	Light	02500	Nuclear Pharmacy	06/20/2000
Light/Reid/Rogers	Light	02110	Medical Broad Scope	07/27/2000
Rogers, Dcosner	Light	02120	Med Inst. QMP REQ HDR	09/13/2000
Rogers, Dcosner	Light	02120	Med Inst QMP REQ High Dose Afterloader	09/13/2000
Rogers, Dcosner	Light	02120	Med Inst.QMP REQ	09/14/2000
Houchin	Light	02121	Medical Non-QMP	11/07/2000
Acosner,Jayaraman	Light	02120	Med Inst. QMP REQ	01/10/2001
Houchin	Light	02201	Med Pvt Prac NO QMP	01/12/2001
Acosner/Rogers/Jayaraman	Light	02110	Medical Broad Scope	02/08/2001
Jayaraman/Dcosner	Light	02110	Medical Inst. Broad Scope	02/21/2001
Rogers, Jayaraman	Light	02110	Medical Broad Scope	03/07/2001
Rogers, Jayaraman, Houchin	Light	02110	Medical Broad Scope	03/15/2001
Krobl	Snee	03310	Ind. Radiography Fixed Location	02/28/2001
Krobl	Snee	31200	Meas. Sys. Fixed Gauges	02/27/2001
Krobl	Snee	31201	Meas. Sys. Fixed Gauges	02/28/2001
Krobl	Snee	31210	Portable gauges	07/25/2000
Hutchison	Snee	03320	Ind. Radiography	07/27/2000
Hutchison	Snee	31210	Meas. Sys. Fixed Gauges	07/27/2000
Hutchison	Snee	31210	Portable gauges	07/26/2000
Hutchison	Snee	03122	Meas Sys Analytical Inst	07/26/2000
Hutchison	Snee	03310	Ind. Radiography Fixed Location	12/19/2000

Desai	Snee	31200	Meas. Sys. Fixed Gauges	11/29/2000
Desai	Snee	03122	Meas Sys Analytical Inst	03/29/2001
Cicotte	Snee	03310	Ind. Radiography Fixed Location	05/08/2000
Cicotte	Snee	03122	Meas Sys Analytical Inst	01/26/2000

9. Documentation of supervisory sign-off is in the qualification journal for each staff member.

Below are excerpts from our qualification procedure on supervisory sign-off.

Supervisory Sign-off. A part of the Qualification Journal indicating that the technical, professional staff member has participated in On-The-Job (OJT) training a specified number of times with a qualified technical, professional staff member who verifies that the qualifier trainee has a good understanding of the principles and methodologies of the action for which he/she has been in training. At the completion of this OJT, the supervisor, Program Administrator or designee may sign the Qualification Journal of the staff member indicating that the staff member is now qualified to perform the activity named on the Qualification Journal unescorted. Each Supervisory Sign-off requires a minimum of three escorted OJT activities.

Technical, professional staff members must complete the assigned Supervisory Sign-offs required by the Position Descriptions and Job Expectations of the specified position. The Supervisory Sign-offs will be completed as indicated in Attachment 3, *Supervisory Sign-offs*. Interim Qualification for technical, professional staff members require that the staff member must have achieved a partial sign-off on each requirement before being allowed to conduct license reviews, decommissioning activities, or inspections without being accompanied by a qualified staff member.

A technical, professional staff member who has not completed all requirements for final certification in one of the areas listed in Appendix A may obtain interim qualification to independently perform inspections or conduct license reviews in specified areas for which prescribed training has been completed. To establish an interim certification, the individual's supervisor will evaluate the individual's qualifications and identify the categories for which interim qualification is appropriate. A request will then be generated by the individual's supervisor for interim qualification in the identified areas.

Each member who is required to complete a Supervisory Sign-off log will receive assistance from a qualified staff member(s) who will serve as mentor to the new staff member. It is not expected that a staff member will complete the sign-off log by the end of a probationary period, however, based on prior education and experience, no staff member should take more than 18 months to complete each level of sign-off log. When the staff member and mentor on a specific task have completed the requirements stated in each sign-off log, the mentor will sign the appropriate area and the staff member will then report to the section supervisor that he/she is prepared for a review by the supervisor.

The mentor for that area, the supervisor, and when requested the designated training coordinator shall review the staff member to ensure that the staff member is qualified on the particular task for which recognition is required. The staff member will bring the Supervisory Sign-off log to the meeting and present it to the supervisor for review. The meeting may be a formal meeting held in the supervisor's offices or may be on a job site where the supervisor, mentor and as requested the designated training coordinator accompany the staff member to observe the staff member in the performance of a specific task.

At the conclusion of the meeting, the supervisor, at the positive recommendation of the mentor and as requested the designated training coordinator, will approve or disapprove the staff members qualifications. If the supervisor agrees, the supervisor will sign and date the appropriate line of the sign-off log and at that point the staff member is qualified to perform that task unescorted or assisted.

10. Describe or provide an update on your instrumentation and methods of calibration. Are all instruments properly calibrated at the present time?

A list of instrumentation maintained by the Bureau of Radiation Protection for conducting radiation surveys will be available for review during the IMPEP. A physical inventory of such equipment is conducted quarterly. The instrumentation is calibrated annually by the Ohio Emergency Management Agency calibration lab. This facility has NVLAP certification as a regional calibration facility. A copy of this certification will be available for review during the IMPEP. The only exception to calibration by this laboratory are instruments returned to the manufacturer for calibration. These are noted on each list.

III Technical Staffing and Training

11.

Name	Position	Area of Effort	FTE
Roger Suppes	Bureau Chief	Administration	.5
Robert Owen	Manager	LLW, SSD, Technical Services	.5
Marcia Howard	Program Administrator	Radioactive Materials	1
Mark Light	Supervisor	Medical	1
Mike Snee	Supervisor	Non-Medical	1
Ruth Vandegrift	Supervisor	Decommissioning	1
S. Jayaraman	Senior Health Physicist	Medical *	1
Amy Cosner	Senior Health Physicist	Medical*	1
Brent Rogers	Senior Health Physicist	Medical*	1
Doug Cosner	Health Physicist	Medical*	1
Lorraine Stephens	Health Physicist	Medical*	1
Scott Houchin	Health Physicist	Medical*	1
George Cicotte	Senior Health Physicist	Non-Medical/SSD*	1
William Hutchinson	Health Physicist	Non-Medical*	1
K. Krobl	Health Physicist	Non-Medical*	1
Sangita Desai	Health Physicist	Non-Medical*	1
Vacant-Talbot	Senior Health Physicist	Non-Medical*	1
Vacant-Jayaraman	Health Physicist	Non-Medical*	1
Celeste Lipp	Senior Health Physicist	Decommissioning/non-medical*	1
Jim Webb	Senior Health Physicist	Decommissioning*	1
Chuck McCracken	Senior Health Physicist	Decommissioning*	1
Joe Crombie	Senior Health Physicist	Decommissioning*	.5
Eric Denison	Health Physicist	Decommissioning/License Termination*, SSD	1
Karl VonAhn	Senior Health Physicist	LLW, SSD, Technical Services*	1
Shannon Detmer	Health Physicist	LLW, SSD, Technical Services*	1
		Total	23.5

* Positions marked with an asterisk are competent in incident response.

Positions listed in Medical & Non-Medical perform inspection & licensing within their respective areas of expertise. George Cicotte is authorized to spend approximately 15% of his time on SSD. Karl VonAhn is the primary SSD reviewer for the Bureau and devotes approximately 50% of his time on SSD. Shannon Detmer and Eric Denison are being trained to provide back up capacity in SSD. Celeste Lipp is authorized to spend up to 85% of her time in non-medical applications. Karl VonAhn and Shannon Detmer are authorized to spend up to 50% of their time on radioactive waste issues. Personnel are qualified pursuant to the Bureau of Radiation Protection training program as submitted with the agreement application.

12. New Personnel

Scott Houchin Health Physicist; BS Radiologic Technology; 7 years HP experience.

Eric Denison Health Physicist; BS Biochemistry, MS Nuclear Engineering; NRC courses - Licensing, Inspections, SS&D Workshop; 3 years HP experience.

Sangita Desai Health Physicist; BS Biology; NRC courses - Inspections, Industrial Radiography; 3.5 years HP experience.

13. Personnel not meeting Qualification

Personnel in the program are qualified for the inspections and licenses assigned.

14. Personnel leaving the program

Bob Reid	Senior Health Physicist
Frank Talbot	Senior Health Physicist
Diana Williams	Health Physicist

15. Vacant Positions

180214	Health Physicist 2	Position vacated 12/2000;Posting requested
180222	Health Physicist 3	Position vacated 12/2000:Posting requested

IV Technical Quality of Licensing Actions

16. The Bureau, in cooperation with NRC, completed and issued the renewal of the license for Battelle Memorial Institute. In addition, the license determines the scope of responsibility of NRC and the Bureau at all Battelle sites in Ohio. When Ohio's agreement became effective, the renewal license for AMS that had been denied by NRC was in the process of being reviewed in the federal appeal process. Ohio required AMS to submit a new application for renewal of their license and subsequently denied the application due to the lack of an adequate decommissioning plan. AMS appealed the proposed denial and the hearing officer recently upheld the department's proposed denial.

No major amendments or license terminations/decommissionings were completed for complex licensees in Ohio although several are in process. No new or amended licenses were processed that now require an emergency plan.

During the reporting period, the following three licensees filed for bankruptcy: LTV Steel Company, Inc., PHS Mt. Sinai, and Youngstown Osteopathic Hospital.

Eight applications for registration of sealed sources and devices by Ohmart/VEGA Corporation were transferred to the State of Ohio from the NRC. We have issued one registration and an amendment to that registration. There are still eight applications outstanding. A chronology of these actions is available for review during the IMPEP. A number of requests for information (RFI) have been issued on these applications. Changes requested by the applicant in these applications and inadequate responses to RFI's have delayed completion of review.

17. Discuss any variances in licensing policies and procedures or exemptions from the regulations granted during the review period.

There has been a total of six exemptions to 10 CFR 35.29, as further delineated in Ohio Administrative Code 3701-39-021, to allow delivery of radioactive material to occupied mobile nuclear medicine units at client sites throughout Ohio.

18. What, if any, changes were made in your written licensing procedures (new procedures, updates, policy memoranda, etc.) during the reporting period?

NMS-SSD-03, Establishing Quality Assurance Programs for the Manuafacture and Distribution of Sealed Sources and Devices Containing Radioactive Material, was written to be the equivalent of NRC Regulatory Guide 6.9. The updated version reflecting Ohio references was recently approved.

19. This question is not applicable to states.

V Responses to incidents and allegations

20. Ohio incidents requiring 24 hour or less notification

LICENSEE NAME	LICENSE #	DATE OF REPORT	TYPE OF INCIDENT
Superior Well Services, Ltd.	03111990000	9/4/99	Well logging source stuck downhole
H.C. Nutting Company	31210310024	12/14/99	Stolen moisture-density gauge
Solar Testing Laboratories, Inc.	31210180065	2/29/00	Stolen moisture-density gauge
Bowser-Morner, Inc.	31210580003	3/1/00	Missing moisture-density gauge
Solar Testing Laboratories, Inc.	31210180065	5/26/00	Damaged moisture-density gauge
Bowser-Morner, Inc.	31210580003	6/16/00	Lost moisture-density gauge
Professional Services Industries, Inc.	31210310039	6/16/00	Damaged moisture-density gauge
David V. Lewin Corp.	31210180022	6/21/00	Damaged moisture-density gauge
Geotechnical Consultants, Inc.	31210250023	8/28/00	Stolen moisture-density gauge
Syncor	02500990001	8/28/00	Loss of radioactive

			material (100 mCi Tc-99M)
Aultman Hospital	02120770003	11/4/00	Medical misadministration
Case Western Reserve University	01100180011	12/18/00	Loss of radioactive material (7 μCi Am-241)
Ohmart/Vega Corporation	03212310036	12/19/00	Loss of radioactive material (30 mCi Cs-137)
Mactac (Morgan Adhesives Company)	Non-licensee GL device	2/20/01	Loss of radioactive material (22.5 μCi of Am-241)

21. During this review period, did any incidents occur that involved equipment or source failure or approved operating procedures that were deficient? If so, how and when were other State/NRC licenses who might be affected notified? For States, was timely notification made to NRC?

Yes, there were two device failures.

One device failure occurred in Richmond, Virginia at a user's facility. The device was made by an Ohio licensee. The department learned of the device failure from the NRC event report web page. No notification was given to the department by the State of Virginia, NRC Region II, or the manufacturer. There was only a follow-up call from NRC headquarters one month after the incident. Because the failure occurred from inappropriate servicing of the gauge by the user, a design fault did not exist. No changes were needed to existing procedures. Because the problems were specific to actions by the user and not to device failure, there were no notifications issued to other licensees.

The other incident involved a model SR-A source holder manufactured by an Ohio licensee. The device experienced a weld failure at a user's facility in Canada. Both the joint fastening the metal endplate to the housing and an internal metal bracket in front of the source shielding were affected. As a result, the internal assembly, including the lead shielding, fell from the mounted housing of the source holder to the floor of the facility.

The source and source holder were shipped to the manufacturer in Ohio on March 9. An evaluation of the failure is underway. The installation/application of the device, device design, and manufacturing processes employed are being examined. Though excessive vibration may have been a contributing factor, a substandard weld on the endplate is also apparent.

A decision on actions to be taken by the State of Ohio and the licensee are pending completion of the investigation that is underway.

22. For incidents involving failure of equipment or sources, was information on the incident provided to the agency responsible for evaluation of the device for an assessment of possible generic design deficiency? Please provide details for each case.

The department is the agency responsible for evaluation of the first device that failed, and therefore was recipient of the information. The department provided some information to the NRC SS&D headquarters staff during the investigation, and a copy of the final incident report after completing the investigation. A copy of the final incident report was also provided to the manufacturer of the device. The conclusion of the report was that there was not a design or

manufacturing defect, but appeared to be a servicing and use issue with a specific out-of-state licensee.

Specifics of this case are as follows:

On September 25, 2000, a firelock in a TG-5 device sprung on during the routine operation of a TG-5 device at a Phillip Morris plant in Richmond, VA. This prevented the shutter from completely closing. The device failure was subject to the 24-hour reporting requirements to Region II per 10 CFR 30.50(b)(2). The initial report listed the device failure as a lead fusible link that melted in an Accuray Micro 10 gauge. The device registration listed for the device was that of the ABB model of TG-5 device under a prior registration number. The TG-5 device registrations and applications had no mention of the firelock within the device.

Follow-up investigations of the incident and additional information on the device leads the BRP staff to conclude that this event is not a design or manufacturing defect issue, but is primarily a servicing issue with the firelock, presumably by Phillip Morris staff in Richmond, VA. The firelock had been modified from its original design, and would not have passed QA inspections during the manufacture of the firelock, or during the assembly of the TG-5 device.

Recommended corrective actions to the incident were limited to clarifying the following information:

1. Include photos of conforming parts that are analyzed by subjective measures to aid staff during the servicing of the device, and

2. Identify which devices contain firelocks, and include mention of them in future device registration amendments.

We received notification from the manufacturer of the second device noted in item 21 above as the agency responsible for evaluation of the device. The investigation by the manufacturer has just begun. No further information is available at this time.

23. Cases involving possible wrongdoing

A99-01 Contamination control, lack of training, unsafe practices. (Closed)

A00-01 High radiation levels and illegal storage of radioactive material in the late 1970s contributed to employee' cancer. (Closed)

A00-03 Use of radioactive material without a license. (Closed)

A00-04 Industrial radiography - no dosimetry provided, boundary dose rates greater than regulatory limits, harassment of employee. (Closed)

A00-05 Use of radioactive material without a license. (Closed)

A00-06 Employee alleges that he was told not to follow procedures for surveying and releasing material from restricted areas. (Open)

A01-01 Possible drug use at licensed facility. (Open)

A01-02 Alleged use of un-certified radiographers, harassment of worker. (Closed)

24. Identify changes to procedures for handling allegations.

We have a draft procedure now going through management review. Until this is complete we are using the NRC procedure.

24a. Cases referred by NRC and not closed

A00-06 Employee alleges that he was told not to follow procedures for surveying and releasing material from restricted areas. (Open)

VI. General

25. This question is not applicable.

26. Program Strengths and Weaknesses

STRENGTHS

The initial agreement state program documents were developed to represent the program Ohio considers appropriate for the program elements within the state. This is the framework we use to implement the various program elements as staff and needs dictate. No matter what element is currently being developed there is a process piece to use for development.

NRC regulations were adopted by reference so that there would be no issue with compatibility. The bureau can now take the time to convert these regulations to an Ohio version without impacting compatibility for a few years.

The program was able to hire experienced staff in the initial hiring process which made the training process faster. These staff were then able to mentor new individuals as they were hired which assisted their training process. Current staff are self-motivated and are interested in producing the best product they can. Licensees have been complimentary of staff and have written complementary letters to the supervisors.

Program areas which the bureau feels are strengths include:
Licensing –
Many licenses are completed and in the mail within thirty days from date of receipt. Those that take longer require several letters of request for additional information or we are waiting on financial assurance documents.
Inspection – Our information back to the licensee includes both an inspection report and a letter of compliance/noncompliance. The inspection report covers items inspected and findings. This gives the licensee a document to use for program improvement.
License terminations – These are completed by the decommissioning section and require paperwork on disposition of material, final surveys, and a close out inspection.
Decommissioning – The decommissioning section works closely with licensees and staff are at the site when the licensee is working on key decommissioning activities.
Overall approach to implementation of the agreement state program – The critical pieces were implemented first and self assessments are an ongoing process. We are currently adding ancillary pieces of the program. By the next IMPEP review we hope to have all elements of the

program implemented.
SS&D review – The bureau has 2 fully trained reviewers and are training two additional reviewers. Most reviews are completed and registration sheets sent within four months of receiving complete information for the review.

In order to be able to continue hiring individuals who fit well into the program, the bureau has submitted a reclassification package to our Department of Administrative Services. This package includes a bachelors degree as minimum qualifications, certificate of completion of the qualification journal for internal promotion, and salary increases for all positions.

Several sections of the bureau contain at least one element of the agreement state program. This provides internal checks which would not be there if the whole program were contained within one section. Nuclear Materials Safety (licensing, inspection, incident response), Decommissioning (decommissioning and license termination), and Technical Services (QA, RSO, SS&D) all contain pieces of the program.

The structure of the program and work expectations allow individuals a methodology for cross-training. This has assured available staff capable of providing assistance during times of staff shortfalls (as people resign) which is why we currently have no backlog in licensing or inspections.

The program is funded 100% by fees. These have been updated once and will be updated as the program and program needs change. We work with the regulated community through committees to get a proposal to present to the Public Health Council for promulgation. Most of the controversy has been worked out by the time the fee rule goes to the Public Health Council.

WEAKNESSES

Issues:

Rule development is slow

Minimum qualifications for promotion and hiring do not include elements of the qualification journal.

The bureau has not been able to implement all elements of the agreement state program.

The bureau has not been able to review and comment on NRC documents as needed.

Resolution and time line

Current staffing levels are sufficient to handle key program elements (licensing including decommissioning, inspection, incident response) but not enough for ancillary programs such as training, quality assurance, and writing and revising procedures to complement our program documents. Rule promulgation is also slow. These are typically the things that get delayed when a staff person resigns, or other issues need immediate attention. The program pieces submitted to NRC with the agreement state package included an internal training program and a quality assurance program. These are not yet implemented. With the last fee increase two additional positions were added to the manning table, one for training and quality assurance and another for rules and procedures. This will give the bureau full time efforts in these areas. These positions are included in our class plan as one-person programs and the bureau anticipates hiring these individuals as soon after approval of the class plan as possible. The plan should be final by the

end of this calendar year. This should also free up some senior staff so that assignments on NRC document review can be made with some chance of completion within the required time line.

B. NON-COMMON PERFORMANCE INDICATORS

I. Legislation and Program Elements Required Compatibility

27. Legislation affecting the radiation control program

Chapter 3748 of the Ohio Revised Code (overall legislation for the program); Section 3702.30 of the Ohio Revised Code(provides for licensing free standing health care facilities).

28. Rules adopted pursuant to Chapter 119 (Ohio Administrative Procedures Act) are subject to review every five years and the agency adopting the rules must review and decide to continue the rule as it exists or modify it.

29. Rule adoption status

10 CFR RULE	DATE DUE	DATE ADOPTED	OR	
			CURRENT STATUS	EXPECTED ADOPTION
Any amendment due prior to 1993. Identify each regulation (refer to the Chronology of Amendments)		10/9/98	As 3701-39-021 where applicable portions of 10 CFR were adopted by reference	
Emergency Planning; Parts 30, 40, 70	4/7/93	"	"	
Standards for Protection Against Radiation; Part 20	1/1/94	"	"	
Safety Requirements for Radiographic Equipment; Part 34	1/10/94	"	"	
Notification of Incidents; Parts 20, 30, 31, 34, 39, 40, 70	10/15/94	"	"	
Quality Management Program and Misadministrations; Part 35	1/27/95	"	"	
Licensing and Radiation Safety Requirements for Irradiators; Part 36	7/1/96	"	"	
Definition of Land Disposal and Waste Site QA Program; Part 61	7/22/96	"	"	
Decommissioning Recordkeeping: Documentation Additions; Parts 30, 40, 70	10/25/96	"	"	
Uranium Mill Tailings: Conforming to EPA Standards; Part 40	7/1/97	"	"	
Timeliness in Decommissioning Parts 30, 40, 70	8/15/97	"	"	
Preparation, Transfer for Commercial Distribution, and Use of Byproduct Material for Medical Use; Parts 30, 32, 35	1/1/98	"	"	
Frequency of Medical Examinations for Use of Respiratory Protection Equipment	3/13/98	"	"	

10 CFR RULE	DATE DUE	DATE ADOPTED	OR	
			CURRENT STATUS	EXPECTED ADOPTION
Low-Level Waste Shipment Manifest Information and Reporting	3/1/98	"	"	
Performance Requirements for Radiography Equipment	6/30/98	"	"	
Radiation Protection Requirements: Amended Definitions and Criteria	8/14/98	"	"	
Medical Administration of Radiation and Radioactive Materials	10/20/98	"	"	
Clarification of Decommissioning Funding Requirements	11/24/98	"	"	
10 CFR Part 71: Compatibility with the International Atomic Energy Agency	4/1/99	"	"	
Termination or Transfer of Licensed Activities: Recordkeeping Requirements.	6/16/99	"	"	
Resolution of Dual Regulation of Airborne Effluents of Radioactive Materials; Clean Air Act	1/9/2000	"	"	
Recognition of Agreement State Licenses in Areas Under Exclusive Federal Jurisdiction Within an Agreement State	2/27/2000	"	"	
Criteria for the Release of Individuals Administered Radioactive Material	5/29/2000	"	"	
Licenses for Industrial Radiography and Radiation Safety Requirements for Industrial Radiography Operations; Final Rule	6/27/2000	"	"	
Radiological Criteria for License Termination	8/20/2000	"	"	
Exempt Distribution of a Radioactive Drug Containing One Microcurie of Carbon-14 Urea	1/2/2001	"	"	
Deliberate Misconduct by Unlicensed Persons	2/12/2001	"	"	
Licenses for Industrial Radiography and Radiation Safety Requirements for Industrial Radiographic Operations; Clarifying Amendments and Corrections	7/9/2001	"	"	
Minor Corrections, Clarifying Changes, and a Minor Policy Change	10/26/2001	"	"	
Transfer for Disposal and Manifest; Minor Technical Conforming Amendments	11/20/2001		In Chapter 3701:1-38	7/30/01
Radiological Criteria for License Termination of Uranium Recovery Facilities	6/11/2001		In draft format going through staff review prior to presentation to Advisory Council review	12/01
Respiratory Protection and Controls to Restrict Internal Exposures	2/2/2003		In Chapter 3701:1-38	7/30/01

10 CFR RULE	DATE DUE	DATE ADOPTED	OR	
			CURRENT STATUS	EXPECTED ADOPTION
Energy Compensation Sources for Well Logging and Other Regulation Clarification	5/17/2003		In draft revision going through RAC committee review	12/01

30. This question is not applicable to Ohio.

II Sealed Source and Device Program

31. New and revised SSD registrations issued during this review period

SS & D Registration Table

Registration Number	Manufacturer /Distributor	Model Number	Source/Device Type	Issue Date	Prior Registration (if different)
OH-0109-D-830-S	ABB Industrial (Industrial Nucleonics)	LS-100 LS-101 LS-102	Density Level Gauge	09/23/1999	OH-0387-D-101-S
OH-1090-D-101-B	ACT Picker International	TG-5	Beta Gauge	11/29/1999	
OH-0109-D-103-S	(Marconi Medical)	Beacon	Medical radiography	12/20/1999	
OH-0104-D-103-S	Marconi	Beacon	Medical Radiography	05/05/2000	
OH-0522-D-102-B	Ohmart/Vega	SH-F	Density, Level Gauge	07/19/2000	KY-0512-D-101-B
OH-0522-D-102-B	Ohmart/Vega	SH-F	Density, Level Gauge	10/25/2000	
OH-1048-D-102-S	SMV America	VCR/TAC-2	Medical Radiography	02/09/2001	
OH-0339-D-0104-S	Saint-Gobain Crystals and Detectors	Irradiator Assembly (Part #21989)	TLD Reader	03/07/2001	

32. All documents utilized in the SS&D program were tailored after existing NRC documents. These documents are as follows:

Sealed Source and Device Review and Registration Program

Consolidated Guidance About Materials Licenses: Applications for Sealed Source and Device Evaluation and Registration

NMS-SSD-03 Establishing Quality Assurance Programs for the Manufacture and Distribution of Sealed Source and Devices Containing Radioactive Material

33. Information is included in Section A regarding staffing, licensing, and response to incidents as it relates to the Sealed Source and Device program.

III Low-Level Waste Program

34. Information is included in Section A regarding staffing, licensing , and response to incidents as it relates to low-level radioactive waste. Ohio is authorized pursuant to statute and rule to site and regulate a low-level radioactive waste disposal facility. At the present time no facility is being sited in Ohio and no disposal facility exists in the state. Ohio has been in the process of developing proposed rules for an assured isolation facility. Ohio also tracks and reports on the generation of low-level radioactive waste annually in Ohio.

IV Uranium Mill Program

35. Information is included in Section A regarding staffing, licensing, and incident response as required in regard to uranium mills. Ohio is authorized pursuant to the agreement with NRC to license uranium mills. Ohio does not currently have any facilities that meet the definition of uranium mill.